

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Medicaid Eligibility Record Problem Referral Form

To: (Check one. Instructions on back.)

SSI (Pay Cat 80) and Medicare Problem Referrals

Department of Health & Human Services
MEDS User Services, Room 531, Jefferson Square
PO Box 8206, Columbia, SC 29202-8206

All other Payment Category Problem Referrals

County DHHS Medicaid Office

From:

(Enter complete name and mailing address)

The following problem(s) have been found on the Medicaid eligibility record. Please resolve within **ten working days** and make appropriate changes to the MEDS file. Return the completed form to the above address. A claim has been submitted for payment and cannot be paid until this problem is resolved.

Identifying Information

Beneficiary Name: _____

Medicaid #: _____

Payment Category: _____

County #: _____

Date of Service: _____

Claim Control #: _____

MMIS Pat # or MEDS User ID: _____

PROBLEM

FIELD

CURRENT INFORMATION ON MMIS

INFORMATION NEEDED

Date of Birth _____

Sex Indicator _____

Living Arrangement _____

Date of Death _____

Date of Eligibility _____

Missing Incorrect dates Terminated

Change of Address: _____

Update mailing address _____

Update residence address _____

Returned Mail To worker: If new address has not been reported, please take proper action.

Multiple MID #'s _____

Payment Category _____

Net Income Field _____

Medicare Part B _____

Other/Additional Information _____

Attachments

(To be completed by County DHHS)

RESOLUTION

CORRECTION

Date of correction: _____

Additional Information: Data not correctable because:

Attachments

NAME OF DHHS STAFF REQUESTING INFORMATION:

DATE:

NAME OF DHHS STAFF RESOLVING:

DATE:

FORM COMPLETION AND ROUTING INSTRUCTIONS

1. **Complete “To” field** – by checking the Recipient Information screen on MMIS or MEDS to identify the payment category. The payment category determines where the Problem Referral form should be sent. Check the appropriate box in the “To” field on the front of the form.

Payment Category 80 (SSI) and Medicare problems to:

DHHS – MEDS User Services,
Division of Beneficiary & User Services
Post Office Box 8206
Columbia, SC 29202-8206

All other Payment Category problems to:

Appropriate County of processing

Current Addresses for local Medicaid Eligibility Workers are located on the Agency’s Intranet:

http://info.dhhs.state.sc.us/eligibility/office_addresses_4-2003.pdf or
http://info.dhhs.state.sc.us/eligibility/po_address.pdf

or Agency’s Internet:

http://www2.dhhs.state.sc.us/Medicaid_info/counties.htm

2. **Complete the “From” field** – by identifying the name, location (MCCS, Physician Services, Eligibility, etc) and complete mailing address of sender.
3. **Complete identifying information** – beneficiary name, payment category, date of service, MMIS Pat # or MEDS User ID, Medicaid identification number, county of residence number, and claim control number (if applicable).
4. **Check the appropriate field** – mark the field that applies to the problem requiring investigation or correction. Add any clarifying information at the bottom under other/additional information. **Reminder** – Do not use any acronyms or internal terminology that cannot be readily understood by all readers.
5. **Attach** – any information (verification) which can assist DHHS caseworkers in their efforts to update or take corrective action i.e. hospital birth records, DHHS Form 1716ME, DHHS Form 181, Medicare Explanation of Benefits (EOB’s), Physician records, etc.
6. Forward form and attachments to appropriate designee in the “To” box. Keep a copy on file.
7. Research the problem referrals to clarify any discrepancy noted, annotate with the resolution or corrective action taken and send all completed referral forms to the originator at the appropriate address.